

MUNICIPAL / GOVERNMENTAL UNIT CORPORATE AUTHORIZATION RESOLUTION

TD BANK, N.A.

By: City of Leesburg, Florida
501 W. Meadow Street
Leesburg, Florida 34749

Hereinafter referred to as "Bank"

Hereinafter referred to as "Governmental Unit"

I, Betty M. Richardson, certify that I am Clerk of the above named Governmental Unit organized under the laws of the State of Florida, Federal Employer I.D. Number 59-6000362 and that the resolutions on pages 1 & 2 of this document are a correct copy of the resolutions adopted at a meeting of the Governmental Unit Officers (check one: 12) City Councilors ☐ Town Councilors ☐ Town Selectmen ☐ Other Elected Governing Body (specify) duly and properly called and held on 08/09/2010 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS. Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Jay Evans, City Manager	_____	
B. Jerry Boop, Finance Director	_____	
C. Gladys Johnson, Deputy Finance Director	_____	

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power.)

Indicate A, B, C, D, E and/or F <u>A, B</u>	Description of Power
	(1) Exercise all the powers listed in this resolution
	(2) Open all deposit or share account(s) in the name of the Governmental Unit
A, B, C	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with the Bank
	(4) Borrow money on behalf and in the name of the Governmental Unit, sign, execute and deliver promissory notes or other evidences of indebtedness
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Governmental Unit as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest, and notice of non-payment.
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Bank
	(7) _____ Other:

EFFECT ON PREVIOUS RESOLUTIONS: This resolution supersedes resolution dated N/A. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY: I further certify that the Governmental Unit Officers have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

Apply seal below where appropriate

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Governmental Unit on this date: August 9, 2010.

Attest by One Other Officer

Governmental Unit Clerk

RESOLUTIONS

The Governmental Unit named on this resolution resolves that:

- (1) The Bank is designated as a depository for the funds of the Governmental Unit and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Bank. Any and all prior resolutions adopted by the Governmental Unit Officers of the Governmental Unit and certified to the Bank as governing the operation of this Governmental Unit's account(s) are in full force and effect, until the Bank receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Bank, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Governmental Unit. Any Agent, so long as he/she acts in a representative capacity as agent of the Governmental Unit, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Bank, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Governmental Unit with the Bank prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Governmental Unit agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Governmental Unit. The Governmental Unit authorizes the Bank, at any time, to charge the Governmental Unit for all checks, drafts, or other orders, for the payment of money, that are drawn on the Bank, so long as they contain the required signature for this purpose.
- (6) The Governmental Unit acknowledges and agrees that the Bank may furnish at its discretion automated access devices to Agents of the Governmental Unit to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Governmental Unit acknowledges and agrees that the Bank may rely on alternative signature and verification codes issued to or obtained from the Agents named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Bank, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution (or that are filed separately by the Governmental Unit with the Bank from time to time), the Bank is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Governmental Unit authorizes each Agent to have custody of the Governmental Unit's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Bank shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR BANK USE ONLY

Acknowledged and received on _____ (date) by _____ (initials). This Resolution is superseded by Resolution dated _____.

Comments: _____



CUSTOMER ACCOUNT SETUP

BANK REPRESENTATIVE: _____

STORE #: _____

DATE: _____

☐ Bank 1 (ME) ☐ Bank 2 (NH) ☐ Bank 3 (MA) ☐ Bank 4 (Mid-At, Includes Metro NY) ☐ Bank 11 (VT) ☐ Bank 18 (Northern NY)

NEW ACCOUNT INFORMATION

☐ Account # 4251014018 | ☐ Checking ☐ Savings | Product Code: _____☐ Account # _____ | ☐ Checking ☐ Savings | Product Code: _____☐ PERSONAL ☐ BUSINESS If Business, check one: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Rental Security Account ☐ Other

CUSTOMER #1 INFORMATION

NAME: City of Leesburg, Florida SSN/TIN: 59-6000362 Date of Birth: / /

BUSINESS NAME (if applicable): _____

PRIMARY PHONE: (352) 728-9925 WORK PHONE: () _____TYPE OF ID: _____ NUMBER: _____ EXPIRATION DATE: / / SECONDARY ID: _____ NUMBER: _____ EXPIRATION DATE: / / LEGAL ADDRESS: (NO PO BOXES) | 501 W. Meadow Street CITY Leesburg ST: FL ZIP 34749MAILING ADDRESS: (IF DIFFERENT from Legal Address) | PO Box 490630 CITY Leesburg ST: FLZIP 34749-0630 | ☐ N.A.M.E.S. VERIFICATION | ☐ COMBINED STATEMENT | ☐ DEBIT CARD | CHECK STYLE: _____CUSTOMER
SIGNATURE: _____

DATE: _____

CUSTOMER #2 INFORMATION (OR Authorized Signer if Business Account)

NAME: JAY EVANS SSN/TIN: _____ Date of Birth: / / PRIMARY PHONE: () _____ WORK PHONE: (352) 728-9704TYPE OF ID: _____ NUMBER: _____ EXPIRATION DATE: / / SECONDARY ID: _____ NUMBER: _____ EXPIRATION DATE: / / LEGAL ADDRESS: (NO PO BOXES) | 501 W. Meadow Street CITY Leesburg ST: FL ZIP 34748MAILING ADDRESS: (IF DIFFERENT from Legal Address) | PO Box 490630 CITY Leesburg ST: FLZIP 34749-0630 | ☐ N.A.M.E.S. VERIFICATION | ☐ COMBINED STATEMENT | ☐ DEBIT CARD | CHECK STYLE: _____CUSTOMER
SIGNATURE: _____

DATE: _____

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

I/We acknowledge receipt of the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and rates, which govern my/our accounts with the Bank. My/our use of this account shall evidence my/our acceptance of the terms and conditions set forth in the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and any Addendums as the same may be amended from time to time.

I/We, both individually and on behalf of the account owner, if different, hereby authorize the Bank to, from time to time, request consumer reports containing references about me/us from third parties, such as a consumer reporting agency, in connection with opening and maintaining this account. If you (the Bank) are unable to open a deposit account, you will provide me/us with an additional notice regarding the consumer reporting agency.

By signing this signature card, I/we acknowledge that the deposit account to which I/we are being added as a co-owner may have an existing Moneyline account attached. I understand that a Moneyline account is a line of credit for overdraft protection. I/We acknowledge receipt of the Moneyline Agreement and disclosures and agree to their terms and conditions. I/We understand and agree that, as a co-owner of the deposit account, I/we will be fully responsible for payments on the Moneyline account (including any outstanding balances at this time) and that payment history and other credit information may be reported to consumer reporting agencies. By signing above, I/we authorize the Bank to automatically deduct the Minimum Payment Due for my/our Moneyline Account from the corresponding checking account if the Minimum Payment Due is not received by the Payment Due Date listed on the statement. Further, I/we agree to maintain sufficient funds in my/our checking account to cover this automatic payment.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, each customer signing above certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return or for any other reason. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

50-0244 09/09

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TD Bank, N.A. | Member FDIC



CUSTOMER ACCOUNT SETUP

BANK REPRESENTATIVE: _____

STORE #: _____

DATE: _____

☒ Bank 1 (ME) ☒ Bank 2 (NH) ☒ Bank 3 (MA) ☒ Bank 4 (Mid-At, includes Metro NY) ☒ Bank 11 (VT) ☒ Bank 18 (Northern NY)

NEW ACCOUNT INFORMATION

☐ Account # 4251014018 | ☐ Checking ☐ Savings | Product Code: _____☐ Account # _____ | ☐ Checking ☐ Savings | Product Code: _____☐ PERSONAL ☐ BUSINESS If Business, check one: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Rental Security Account ☐ Other

CUSTOMER #1 INFORMATION

NAME: City of Leesburg, Florida SSN/TIN: 59-6000362 Date of Birth: 1/1

BUSINESS NAME (if applicable): _____

PRIMARY PHONE: (352) 728-9735 WORK PHONE: () _____TYPE OF ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1SECONDARY ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1LEGAL ADDRESS: (NO PO BOXES) | 501 W. Meadow Street CITY Leesburg ST: FL ZIP 34749MAILING ADDRESS: (IF DIFFERENT from Legal Address) | PO Box 490630 CITY Leesburg ST: FLZIP 34749-0630 | ☐ N.A.M.E.S. VERIFICATION | ☐ COMBINED STATEMENT | ☐ DEBIT CARD | CHECK STYLE: _____CUSTOMER
SIGNATURE: _____

DATE: _____

CUSTOMER #2 INFORMATION (OR Authorized Signer if Business Account)

NAME: Jerry Boop SSN/TIN: _____ Date of Birth: 1/1PRIMARY PHONE: () _____ WORK PHONE: (352) 728-9714TYPE OF ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1SECONDARY ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1LEGAL ADDRESS: (NO PO BOXES) | 501 W. Meadow Street CITY Leesburg ST: FL ZIP 34748MAILING ADDRESS: (IF DIFFERENT from Legal Address) | PO Box 490630 CITY Leesburg ST: FLZIP 34749-0630 | ☐ N.A.M.E.S. VERIFICATION | ☐ COMBINED STATEMENT | ☐ DEBIT CARD | CHECK STYLE: _____CUSTOMER
SIGNATURE: _____

DATE: _____

IMPORTANT INFORMATION

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I/We acknowledge receipt of the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and rates, which govern my/our accounts with the Bank. My/our use of this account shall evidence my/our acceptance of the terms and conditions set forth in the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and any Addendums as the same may be amended from time to time.

I/We, both individually and on behalf of the account owner, if different, hereby authorize the Bank to, from time to time, request consumer reports containing references about me/us from third parties, such as a consumer reporting agency, in connection with opening and maintaining this account. If you (the Bank) are unable to open a deposit account, you will provide me/us with an additional notice regarding the consumer reporting agency.

By signing this signature card, I/We acknowledge that the deposit account to which I/We am/are being added as a co-owner may have an existing Moneyline account attached. I understand that a Moneyline account is a line of credit for overdraft protection. I/We acknowledge receipt of the Moneyline Agreement and disclosures and agree to their terms and conditions. I/We understand and agree that, as a co-owner of the deposit account, I/We will be fully responsible for payments on the Moneyline account (including any outstanding balances at this time) and that payment history and other credit information may be reported to consumer reporting agencies. By signing above, I/We authorize the Bank to automatically deduct the Minimum Payment Due for my/our Moneyline Account from the corresponding checking account if the Minimum Payment Due is not received by the Payment Due Date listed on the statement. Further, I/We agree to maintain sufficient funds in my/our checking account to cover this automatic payment.

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2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return or for any other reason. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

50-0244 09/09

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CUSTOMER ACCOUNT SETUP

BANK REPRESENTATIVE: _____

STORE #: _____

DATE: _____

☐ Bank 1 (ME) ☐ Bank 2 (NH) ☐ Bank 3 (MA) ☐ Bank 4 (Mid-At. Includes Metro NY) ☐ Bank 11 (VT) ☐ Bank 18 (Northern NY)

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CUSTOMER #1 INFORMATION

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DATE: _____

CUSTOMER #2 INFORMATION (OR Authorized Signer If Business Account)

NAME: Gladys Johnson SSN/TIN: _____ Date of Birth: 1/1PRIMARY PHONE: () - _____ WORK PHONE: (352) 728-9725TYPE OF ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1SECONDARY ID: _____ NUMBER: _____ EXPIRATION DATE: 1/1LEGAL ADDRESS: (NO PO BOXES) | 501 W. Meadow Street CITY Leesburg ST: FL ZIP 34748MAILING ADDRESS: (IF DIFFERENT from Legal Address) | PO Box 490630 CITY Leesburg ST: FLZIP 34749-0630 | ☐ N.A.M.E.S. VERIFICATION | ☐ COMBINED STATEMENT | ☐ DEBIT CARD | CHECK STYLE: _____CUSTOMER
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I/We, both individually and on behalf of the account owner, if different, hereby authorize the Bank to, from time to time, request consumer reports containing references about me/us from third parties, such as a consumer reporting agency, in connection with opening and maintaining this account. If you (the Bank) are unable to open a deposit account, you will provide me/us with an additional notice regarding the consumer reporting agency.

By signing this signature card, I/we acknowledge that the deposit account to which I/we are/are being added as a co-owner may have an existing Moneyline account attached. I understand that a Moneyline account is a line of credit for overdraft protection. I/We acknowledge receipt of the Moneyline Agreement and disclosures and agree to their terms and conditions. I/We understand and agree that, as a co-owner of the deposit account, I/we will be fully responsible for payments on the Moneyline account (including any outstanding balances at this time) and that payment history and other credit information may be reported to consumer reporting agencies. By signing above, I/we authorize the Bank to automatically deduct the Minimum Payment Due for my/our Moneyline Account from the corresponding checking account if the Minimum Payment Due is not received by the Payment Due Date listed on the statement. Further, I/we agree to maintain sufficient funds in my/our checking account to cover this automatic payment.

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